STATEMENT OF

| FORM 1 | ORGANIZATION (See instructions) | Office use only |
|-------------------------------|---|---|
| NAME OF COMMITTEE (in | (Check if name Example: If typying over the lines | |
| Astellas US LI | .C PAC (Astellas PAC) | |
| | The Parlame North | |
| ADDRESS (number and | treet) Three Parkway North | |
| (Check if address is changed) | | |
| | Deerfield | |
| | CITY▲ | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MA | L ADDRESS (Please provide only one e-mail address) | |
| (Check if address is changed) | jennifer.lenahan@us.astellas.com | |
| | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | |
| (Check if address is changed) | None | |
| | | |
| 2. DATE 0.3 | | |
| 3. FEC IDENTIFICA | | |
| | | |
| 4. IS THIS STATEM | ENT NEW (N) OR X AMEND | ED (A) |
| · | ned this Statement and to the best of my knowledge and belief it is tru | e, correct and complete |
| Type or Print Name of | Treasurer Jennifer L Lenahan | |
| Signature of Treasurer | Electronically Filed by Jennifer L Lenahan | Date 0 3 0 2 7 2 0 1 1 |
| NOTE: Submission of fa | se, erroneous, or incomplete information may subject the person sign | |
| Office Use Only | | formation contact: ion Commission -424-930 (Revised 02/2009) (Altino) |